

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028986

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 159

Primary Registration District No. 5590

Registrar's No. 29

STATE FILE NUMBER

FILED JUL 29 1963

VS 300  
Rev. 4/59

1 0500

2 0500

3

4 0

5 1

6

7 0

8 2

9 151X

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JEFF</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BIG RIVER</b>		Length of stay in 1b	c. CITY OR TOWN <b>FLETCHER, Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DE SOTO, Mo WEST</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside city location) <b>DE SOTO, Mo WEST</b>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>DANA</b> Last <b>VAUGHN</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>18</b> Year <b>63</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/20/10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER &amp; CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MINISTRY &amp; LABOR</b>	9. AGE (last birthday) <b>52</b>
11. BIRTHPLACE (City and state or country) <b>PLATTIN, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>CHARLES M. VAUGHN</b>		13b. MOTHER'S MAIDEN NAME <b>LOIS VAUGHN</b>	
14. NAME OF HUSBAND OR WIFE <b>STAR ROUTE WEST</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>LOIS VAUGHN DE SOTO, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>metastatic carcinoma</b> DUE TO (b) <b>Primary gastric cancer</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>10 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <b>[REDACTED]</b> STATE <b>[REDACTED]</b>	
21. I attended the deceased from <b>Jan. 4, 1963</b> to <b>July 18, 1963</b> and last saw him alive on <b>July 16, 1963</b> . Death occurred at <b>4:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harold E. Donnell M.D.</b>		22b. ADDRESS <b>De Soto, Missouri</b>	
22c. DATE SIGNED <b>7-19-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/21/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CHARTER CHURCH CEM</b>	23d. LOCATION (City, town, or county) <b>PLATTIN, MO</b>
24. FUNERAL DIRECTOR <b>VINYARD &amp; SONS</b>		25. DATE RECD. BY LOCAL REG. <b>7/20/63</b>	
ADDRESS <b>FESTUS, MISSOURI</b>		26. REGISTRAR'S SIGNATURE <b>Carl E. Wm</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 2 1963

AUG 7 1963

AUG 8 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald B. Dietz*

Licensed Embalmer No.

4104

P. O. Address

*Dolet-Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.